

PROCURADURÍA GENERAL DE JUSTICIA DEL DISTRITO FEDERAL

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GENERAL FORM TO INITIATE NON-CRIM			
GENERAL FORM TO INITIATE NON-CRIM	INAL REPORTS SPECIAL	DOEL MINIADY INVESTIGATIONS	ALID DIGGG
	MANE INEL OUT 10, OF ECIME	- FRELIMINAKT INVESTIGATIONS.	AND DIRECT
DDELIMINADY INVESTIGATIONS WIT	CLICUT DECOCOLO ADDRES	,	
FRELIMINART INVESTIGATIONS WIT	HUUT PERSUNS ARRES	TED. REFORE THE PURI IC DOGGE	CHITION
PRELIMINARY INVESTIGATIONS WIT	HOUT PERSONS ARREST	TED. BEFORE THE PUBLIC PROSE	CUTION

For the exclusive use by the public prosecution Direct Preliminary Investigation

	liminary Investig			Number	
General Data of the Denou	uncer/plaintiff		* *		
The Agent of the Public	Prosecution is g them in a seal	led envelope, as	s confidential inforr	register the data of mation, in compliance Yes	concerning my address and e with the Resolution number No
Last Name	•		Name		
Private Address (Street, o	utside number, ir	nside number)			•
Quarter	Zip Code	:	Delegation	State	Country
Telephone Number (s)		Nationality		Date and Place of	Birth
Age	Schooling		Осси	pation	Religion
Document exhibited for Ide	ntification			•	3
Account of Events					
Place of events, street and Quarter Account of events:	I number (betwee	en which streets	s), (other data) Time		Date
(In case more space is i	needed to make	a complete acc	ount of events, you them.)	ı may use additional	blank sheets and enclose
Other important facts you v	vish to set forth:				
	No. No. of the Control of the Contro				•
In case of loss/theft					
		en stringen.	Property		License plates
Loss The	eft	Personal	Business	Other	
Object	Amount	Description (ma	ake, model, series	number, color, etc.	Value of the objects stolen
	<u> </u>				

Personal Data of the Defendant(s) Number Description of weapons: Weapons (In case of guns, specify color, make, caliber, type, model, etc.) No Yes Paternal last name, Maternal last name, Name(s) Address (include city, sate, and zip code) Length of hair Height Hair Color of eyes Color of hair Sex Color Age Beard Nickname/alias Describe clothes, scars, tattoos, etc. Accent Glasses Weapons Description of weapons: Number (In case of guns, specify color, make, caliber, type, model, etc.) No Yes Paternal last name, Maternal last name, Name(s) Address (include city, sate, and zip code) Length of hair Hair Color of eyes Color of hair Height Complexion Age Sex Describe clothes, scars, tattoos, etc. Nickname/alias Beard Accent Glasses Additional list of victims and/or witnesses (names and addresses) as well as other facts and events you wish to set forth. The Agent of the Public Prosecution is hereby requested to separately register the data concerning addresses and telephone numbers, keeping them in a sealed envelope, as confidential information, in compliance with the Resolution number A/010/2002, issued by the Attorney General of the Federal District. Yes Ratification and signing After reading the preceding text, the deponent ratifies it, writing his/her signature and/or placing his/her fingerprint on the margin and at the end of the present document for legal certification, in the presence of the Agent of the Public Prosecution who conducts these legal proceedings before the Official Clerk, who attests to this act and signs below. Name and signature of the denouncer The Officcial Clerk The Agent of the Public Prosecution Name and signature Name and signature Para uso exclusivo del Ministerio Público Unidad de Investigación Coordinación Territorial Fiscalia Número de Averiguación Previa, Averiguación Fecha y hora de inicio Previa Especial o Acta Especial

Número de llamado a Servicios Periciales

Número de llamado a Policía Judicial